

## NOMINATION FOR MEMBERSHIP

## **Self Nomination Form**

Sigma Xi, The Scientific Research Honor Society • P.O. Box 13982 Research Triangle Park, NC 27709 •800-243-6534• 919-549-4691 Fax: 919-549-0090 • www.sigmaxi.org • membership@sigmaxi.org

Membership in Sigma Xi is by nomination. This form may be completed by the nominee.

- See next page for detailed information about member type and nomination requirements.
- Attach the Nominee's CV/ résumé.

Preferred Prefix (check): $\square$ Dr. $\square$ Mr. $\square$ Ms. $\square$ Mrs.							
Name of Nominee (first, middle, last)			Birth Date (mm/dd/yyyy)				
Employer Name Employer Type (select one): □Academic □Industry	□Covernment	□Health Care	□Manufa	acturing	□Research	□Other	
Employer Type (select one). Breatenine Bindustry	<u> </u>	Bileattii Care	- Manuic	icturing	- Mescaren		
Business Address Department/Building/Box		Institution		Position			
Street		Busines	Business Phone (include area code) Cell I			e (include area code)	
City State	State		Zip			Country	
E-Mail		Alternat	e E-Mail				
Full Home Address (Parent's address if student. Students please give address for nex	Phone (i	Phone (include area code)			Cell Phone (include area code)		
City State		Zip			Country		
Which address should be used for Sigma Xi mailings?  Business	Resource: Mathemat Biological Engineeri Health Sci	re/Soil Sciences/Ns scicts & Computer Sciences ng Sciences ences and Earth Sciences	Soil Sciences/Natural  & Computer Sciences iences Sciences Ces Earth Sciences es		Ethnicity:  Sigma Xi is able to provide many student program through generous donations from a variety of supporters. Often, these donations are based on Sigma Xi's ability to demonstrate that its program serve a diverse audience. Your responses to demographic questions serve our diverse populational haman hama		
Nominator			③ Second Nominator				
Must be a Full or Associate Member		Must b	Must be a Full or Associate Member				
ame of Nominator (first, middle, last)  Member # (if known)		Name of	Name of Nominator (first, middle, last) Member # (if known)			# (if known)	
ution Department		Institutio	Institution		Departme	Department	
E-mail Phone		E-mail	nail		Phone	Phone	
Signature (if submitting electronically, nominator may type r form is submitted from his/her E-mail address) <b>Affiliation</b>	name as long as			ing electronica om his/her E-n		type name as long as	
☐ Request affiliation with the	Chapter	☐ Request	membersh	ip at-large (no	o local chapter affil	iation)	
(See chapter listing at <u>www.sigmaxi.org/chapters</u> )							
Member-Get-A-Member: Recommended by			Member # (if known)				

## Nomination for Membership

## Type of Membership

Membership in Sigma Xi is by nomination and is conferred in one of two ways. While paraphrased here, the complete text of Article II, Section 3 can be viewed in the Sigma Xi Constitution. Please indicate on the front of this form for which type of membership this nominee should be considered.

<b>Full Membership</b> is conferred upon any individual who has shown noteworthy achievement as an original investigator in a field of pure or applied science or engineering. This noteworthy achievement must be
evidenced by publication as the primary author (defined in the manner appropriate to the discipline) on at
least two different articles published in a refereed journal, patents, or refereed monographs. Dissertations
and theses alone are not considered sufficient for demonstration of this achievement and must be
accompanied by at least two other publications. Please see the appropriate sections of the Constitution and
Bylaws for additional information. Only Full Members may nominate other candidates to the Society or vote
in the annual Assembly of Delegates. In addition, only Full Members are eligible to serve on Sigma Xi
committees or take office on the Board of Directors. For nomination to Full Membership, either attach a
CV or résumé OR provide a separate attachment with the following information:
☐ Education: Institution(s), date(s), degree(s)
☐ Professional Positions: Institution(s), date(s), position title(s)
☐ Publications: Titles, authors, dates, source(s) (journal name, thesis, etc.)

**Associate Membership** is available to any individual who has, through initial research achievement in a field of pure or applied science, shown an aptitude for research, as evidenced by independent investigation ordinarily resulting in a written report. Associate membership is offered to encourage young investigators with promise to continue careers in research. **For nomination to Associate Membership, attach a brief statement regarding the nominee's involvement in research and potential research aptitude.** 

**Promotion to Full Membership** is conferred upon any individual who, previously elected as an Associate Member, now satisfy the Full Membership qualifications. Promotion review will follow the same procedure as elections. Please see the Full Membership qualifications above. **For promotion to Full Membership, either attach a CV or résumé OR provide a separate attachment with the information listed under Full Membership above.** 

Questions? Contact the Administrative Office: membership@sigmaxi.org or 800-243-6534